HOW-TO GUIDE

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Revised July, 2008

Welcome to Denti-Cal's
Electronic Data Interchange Program!

This How-To Guide is designed to answer questions you may have about submitting claims electronically. Denti-Cal's Electronic Data Interchange (EDI) program is an efficient alternative to sending paper claims. It will provide more efficient tracking of your Denti-Cal claims with *faster* responses to your requests for authorization and payment.

Advise your software vendor that you would like to submit your Denti-Cal claims electronically, and if you are not yet enrolled in the EDI program, please request an Enrollment Packet from the EDI Support department. Enrollment forms are also available on the Denti-Cal Web site (www.denti-cal.ca.gov) under EDI, located on the Providers tab. Before submitting electronically, you must be enrolled as an EDI Provider to avoid rejection of your claims. To enroll, complete the Medi-Cal Dental Telecommunications Provider and Biller Application/Agreement (For electronic claim submission) and the Provider Service Office Electronic Data Interchange Option Selection Form, and return them to the address indicated on those forms.

You may also submit digitized images of your documentation to Denti-Cal. If you choose to submit conventional radiographs and attachments through the mail, you will need to place an order for EDI labels and envelopes using the Supply Request Form included in your Enrollment Packet and at the end of this How-To Guide.

For answers to your questions about electronic claims processing, EDI Support can be contacted by phone at (916) 853-7373 or by e-mail to denti-caledi@delta.org. If you have questions about a particular EDI claim, please contact the Provider Services Department toll-free at (800) 423-0507.

EDI Support
Denti-Cal

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GETTING STARTED

This guide was created for you to use as a reference for electronic claims submission. You will be ready to start submitting electronic Claims and Treatment Authorization Requests (TARs) once your practice management system vendor has verified that your system is able to connect to the Denti-Cal EDI system either directly or through a clearinghouse, and Denti-Cal's EDI Support Department has confirmed your enrollment in the Electronic Data Interchange (EDI) Program.

Refer to the following pages for more detailed instructions and take special note of tips marked with this symbol.

FOUR BASIC STEPS:

There are four basic steps to follow to submit your claims electronically:

1.   Enter claim information

2.   Transmit data

3.   Retrieve and review reports returned from Denti-Cal

4.   Prepare and mail EDI labels - only for claims and TARs that require radiographs or attachments. (If you submit radiographs/attachments digitally, see page 7.)

1.   **ENTER CLAIM INFORMATION**
     Your software vendor will advise you how to enter Denti-Cal claims using your computer system. Please ensure all information is entered completely and accurately. Processing criteria remains the same as for paper TAR/claim forms -- if radiographs and documentation are needed to process a paper claim, they will also be required to process an EDI claim.

     Claims that require radiographs and/or attachments must have a "Y" entered in the applicable fields, which will put the claim in a "suspended" status (or "system-generated Resubmission Turnaround Document" status) waiting for the required documentation to be received by Denti-Cal with an EDI label unless images are received digitally.

     Note to Billing Intermediaries: Your registration number must be included.

2.   **TRANSMIT DATA**
     Your vendor will advise you how to transmit claim information to Denti-Cal. If you submit attachments digitally, transmit your image reference number with the claim information, as directed by your vendor.

3.   **RETRIEVE AND REVIEW REPORTS**
     The vendor will also advise you how to retrieve any reports (and labels, if applicable) that may be available to you. It is important to compare your list of transmitted claims to Denti-Cal's list of EDI claims received, located on report CP-O-973-P, and determine which claims require radiographs and/or attachments, refer to report CP-O-971-P. **"Reports" section starts on page 11**.

4.   ***PREPARE AND MAIL RADIOGRAPHS/ATTACHMENTS WITH EDI LABELS**
     The CP-O-971-P report will show claims that have been put into a suspended status until Denti-Cal receives radiographs and/or required documentation. Providers who use partially preprinted labels will need to write the Base DCN (also referred to as the Denti-Cal Document Control Number) from this report onto the EDI label before mailing radiographs and/or attachments to Denti-Cal. **Refer to EDI "Labels" (pages 4 & 5) and "Reports" (page 11).**
     * **Note**: This step is not needed if submitting radiographs and images digitally.

EDI LABELS

This section outlines how to submit conventional radiographs and attachments through the mail. Digitized images may also be submitted as noted in "Sending Digitized Images of Radiographs & Attachments" on page 7.

If the procedures you are submitting for payment or authorization require radiographs and/or attachments, or if you indicate that the claim requires them by placing a "Y" in the x-ray or attachment field, the claim will be "suspended" until Denti-Cal receives the documentation. To process these "suspended" claims and TARs, special self-adhesive EDI labels are needed because they include patient identifying information used to link the electronic document to the radiographs and attachments.

The same day you receive the report from Denti-Cal confirming receipt of your EDI transmission, you will also receive a list of claims waiting to be matched to your documentation (see report CP-O-971-P: "Provider/Service Office X-Ray/Attachment Request" on page 13). The Denti-Cal Document Control Number (DCN), or Base DCN, on this report **must** be indicated on an EDI label to be affixed to an EDI envelope containing your radiographs/attachments.

PREPARING LABELS

Check with your vendor to determine which type of labels will work best for your system.

System Generated Labels:

Some software will automatically print the patient information directly onto <u>blank</u> labels. Once labels are printed from this type of system, they will look like the label shown at the right. They may be ordered in one of three styles to accommodate different types of printers; laser labels, 1 or 3-up (across) continuous labels. (See page 21, EDI Supply Request form.)

```
DENTI-CAL PROVIDER ID:   XXXXXXXXXX
PATIENT MEDS ID:             000000000
FIRST, LAST

PROV. DCN:              XXXXXXXXXXXXXXXXX


DENTI-CAL DCN:   00000000000

DCC: _____
PREVIOUS X-RAYS
AND/OR ATTACHMENTS: _____


               PROVIDER NAME
               ADDRESS
               CITY, CA   00000
```

Partially Preprinted Labels:

Many offices use partially preprinted labels. These labels will arrive from the supplier with your National Provider Identifier (NPI) which will be listed as your Denti-Cal Provider ID, and your name and address already imprinted. They will look like the label shown at the right (without the Denti-Cal DCN).

If this type of label is used, the Base DCN must be handwritten onto the label next to "Denti-Cal DCN". You will find the eleven-digit Denti-Cal DCN (referred to as the <u>Base DCN</u>) on the CP-O-971-P (Provider/Service Office X-Ray/Attachment Request). **Refer to page 13 of the "Reports" section.** To order this label, use number DC-018A, B. Partially preprinted (NPI, name & address will be imprinted),

```
DENTI-CAL PROVIDER ID:   XXXXXXXXXX
PATIENT MEDS ID:

PROV. DCN:

DENTI-CAL DCN: 00000000000  ⬅

DCC: _____
PREVIOUS X-RAYS
AND/OR ATTACHMENTS: _____


               PROVIDER NAME
               ADDRESS
               CITY, CA   00000
```

PREPARING LABELS

Partially Preprinted Labels (continued):

Other information such as the patient name, Meds ID, BIC or CIN, and Provider Document Control Number (PDCN) may be included, but is not mandatory. The PDCN is a unique number that may be assigned to each claim before it gets to Denti-Cal, if your software has been programmed to include it. The Base DCN is the number you will refer to with Denti-Cal if you have any inquiries. Please ignore the pink area. It is used by Denti-Cal during processing.

*EDI labels are only required to submit radiographs and/or attachments when a claim is initially sent electronically. They are not requested if images are submitted digitally. Labels should not be used when mailing in Notices of Authorization (NOAs) for payment, Resubmission Turnaround Documents (RTDs), or Claim Inquiry Forms (CIFs) related to EDI documents. (**Exception**: If your system allows you to respond electronically to EDI-generated NOAs or RTDs, you should use an EDI label to accompany documentation. Check with the EDI Support Department or your vendor to verify your system capabilities.)*

Labels that do not have (1) the NPI, (2) the Denti-Cal DCN, and (3) the Provider's name and return address cannot be processed and must be returned for completion.

ATTACHING LABELS TO EDI X-RAY ENVELOPES / ATTACHMENTS FOR MAILING:

Affix the label to a red-bordered x-ray envelope on the side that reads "FIRST CLASS MAIL." If you are sending an attachment only, the removable label can be affixed directly to the documentation. If you have both a radiograph and an attachment, staple the attachment to the x-ray envelope that has the label affixed to it. No more than one label should be affixed to an attachment.

You can insert several EDI x-ray envelopes into an EDI mailing envelope. Mail them to the special EDI Post Office box:

> Denti-Cal Dental Program
> EDI Processing
> P.O. Box 13860
> Sacramento, CA 95853-4860

ORDERING EDI LABELS AND ENVELOPES:

Labels come in several formats; partially preprinted laser and blank laser, 1-up (across) and 3-up continuous labels. Your practice management system vendor can help you determine which type of label will work best for you.

Order one type of label and a supply of all three types of envelopes (small and large x-ray envelopes and mailing envelopes) using the EDI Supply Request form located at the back of this How-To Guide. You may either fax this form to (877) 401-7534 or mail it to:

> EDI Supply Request
> 11155 International Dr. MS C25
> Rancho Cordova, CA 95670

QUESTIONS ABOUT LABELS

Q. **I have one set of radiographs and want to send in two documents, a "first-time-in" claim and a TAR. How can I submit them both at the same time?**

A. Put both labels (*no more than two*) on the "First Class Mail" side of an envelope.

NOTE: If you have a multi-page document that is more than two "pages" in length, some systems may generate a label per page with different Document Control Number (DCNs) for each page. In this instance, you would place no more than two labels on one EDI envelope, affix any additional labels onto sheets of blank paper (one label per sheet), and staple them to the EDI envelope. This is not applicable for three or more separate documents, in which case a maximum of two labels may be affixed to an EDI x-ray envelope.

Q. **I want to submit radiographs with a label, but forgot to enter a "Y" in the x-ray field to suspend the claim. What do I do?**

A. If you forget to enter a "Y" in the x-ray field when a radiograph is required for a submitted procedure, the Denti-Cal system will automatically generate a label for you as a safety feature. However, if an attachment is required, a "Y" must be entered by the provider office to suspend the document (or generate a label if your system is designed to do so).

Q. **Do I use EDI labels when returning an electronically received RTD or NOA?**

A. Please do not submit EDI RTDs or NOAs with EDI labels.

Q. **I want to submit documentation with a label, but forgot to enter a "Y" in the attachment field to suspend the claim. What do I do?**

A. If a TAR was submitted, you will need to wait until Denti-Cal requests documentation by issuing an RTD. If supporting documentation is needed to process the procedure you submitted, Denti-Cal will request it. RTDs will appear as separate pages along with your other daily reports. If a claim was submitted, it will be denied and a CIF should be mailed with the documentation.

Q. **I suspended the claim by entering a "Y" in the x-ray field and later realized I don't need to submit radiographs. How do I get the claim out of a suspended status to begin processing? And, what do I do with the label I have in my office?**

A. Put the EDI label with patient-identifying information onto a blank sheet of paper. Beneath it, handwrite a brief explanation of the error and indicate that processing should be initiated, for example:

**"X-RAY INDICATED IN ERROR.
PROCESS WITHOUT X-RAY."**

If you do nothing, the claim will remain in a suspended status, and eventually be denied with adjudication reason code 326 ("Procedures being denied on this document due to lack of response to the RTD or if applicable, failure to provide radiographs/attachments for this EDI document") since no response was received to process the claim.

SENDING DIGITIZED IMAGES OF <u>RADIOGRAPHS & ATTACHMENTS</u>

In conjunction with electronically submitted documents, Denti-Cal accepts digitized images submitted through electronic attachment vendors National Electronic Attachment, Inc. (NEA) and National Information Services (NIS).

Providers must be enrolled to submit documents electronically prior to submitting digitized images. For more information on becoming enrolled to submit EDI documents, please contact the Telephone Service Center toll free at (800) 423-0507 or EDI Support at (916) 853-7373 (email: denti-caledi@delta.org).

Digitized radiographs, photographs, periodontal evaluation charts, scanned State-approved Justification of Need for Prosthesis forms (DC 054), and other narrative reports may be submitted in conjunction with EDI claims and TARs through NEA or NIS Web sites.

Images That <u>CAN</u> Be Transmitted:	*Images That <u>CANNOT</u> Be Transmitted:*

➢ Documentation related to claims and TARs to be submitted *electronically*:
 	
     ▪ Radiographs
 	
     ▪ Periodontal Evaluation Charts
 	
     ▪ Justification of Need of Prosthesis Forms (DC-054)
 	
     ▪ Photos
 	
     ▪ Narrative documentation (surgical reports, etc.)
	➢ Any documentation related to claims and TARs submitted on *paper*.
	
	 ➢ CIFs, RTDs or NOAs related to paper *or* EDI documents

ELECTRONIC VENDOR AND DOCUMENT SPECIFICATIONS

NEA USERS: Digitized radiographs and attachments must be transmitted to NEA before submitting an EDI document. NEA's reference number must be entered in the first line of the Comments section of the EDI document in the following format: **"NEA#" followed by the reference number, with no spaces - Example: <u>NEA#9999999</u>**. Any additional comments should be entered in the Comments field following the digitized image reference number. It is important to use this format and sequence.

Some dental practice management and electronic claims clearinghouse software have an interface with NEA that automatically enters the reference number into the notes of the claim. For additional information, visit www.nea-fast.com.

NIS USERS: Create your EDI document. Before transmitting a document electronically, attach your digitized radiographs and attachments. Use your Document Center to scan images of Denti-Cal's Justification of Need for Prosthesis Form (DC-054), perio charts, photos, etc. Enter the date images were created in the notes for each attachment. For additional information, visit www.nationalinfo.com.

❖ **Refer to Denti-Cal Bulletin, Volume 24 Number 9 for more TIPS.** ❖

RESUBMISSION TURNAROUND DOCUMENTS (RTDs) & <u>NOTICES OF AUTHORIZATION (NOAs)</u>

RTDs (also referred to as Notices of Resubmission) will be issued by Denti-Cal when additional information is needed to process your EDI document. Depending on how your software is set up, you will receive RTDs and Notices of Authorization (NOAs):

1. By electronic transmission from Denti-Cal along with your other EDI reports. You may retrieve RTDs or NOAs electronically and print them to paper, or both retrieve and respond to the RTDs or NOAs electronically. Samples of EDI RTDs and NOAs are shown on pages 16 and 17 or,

2. By mail as with a standard paper TAR/claim.

If your system is unable to respond to RTDs and NOAs electronically, handwrite the necessary information, have the RTD or NOA signed and return with the original signature to Denti-Cal in a white mailing envelope for processing.

Please return RTDs promptly. Documents will be denied if no response to the RTD is received within 45 days.

Please sign and make notations on RTDs and NOAs in blue ink.

<u>CLAIM INQUIRY FORMS (CIFs)</u>

Claim Inquiry Forms cannot be submitted electronically.

Mail a CIF only after a document is processed to request a change or reevaluation, or to request the status of a claim or TAR.

DO NOT USE A CIF as an attachment or documentation for an *unprocessed* EDI document. An EDI attachment cannot be a CIF. If you need to send documentation to process a claim that has been transmitted electronically, use a plain sheet of paper or standard Denti-Cal form rather than a CIF. (EDI attachments should only be submitted if requested by Denti-Cal or if you have indicated a "Y" in the X-ray or attachment field.)

Please do not include an EDI label or use an EDI red-bordered envelope when submitting an RTD, NOA or CIF related to an EDI document.

<u>GENERAL INFORMATION</u>
(Questions & Answers)

Q. **When can I send documents and retrieve reports & labels?**

A. Documents can be transmitted, and reports, labels and Explanation of Benefits (EOBs) data can be retrieved twenty-four hours each day Monday through Saturday, and from twelve noon through twelve midnight on Sunday. Documents received by 3:45 p.m. Monday through Friday (holidays excluded) are entered into that evening's processing. Providers submitting through a clearinghouse will usually have access to their reports within 24-48 hours after they are submitted. Providers submitting directly to Denti-Cal by 3:45 p.m. will have access to their reports the following working day.

Q. **My printer jammed and I didn't get all of my reports or labels. How do I request them again?**

A. If you submit directly to Denti-Cal, contact the EDI Support Department at (916) 853-7373. We can reset our system so you will be able to re-request reports or labels for up to ten working days after they were originally available. If you use the services of a clearinghouse, contact your electronic vendor or clearinghouse.

Q. **Signatures?**

A. A claim or TAR that has been submitted electronically cannot be signed. However, unless your system is able to *respond* to RTDs and NOAs electronically, paper RTDs and NOAs still need to be signed, preferably in blue ink, before they are mailed to Denti-Cal for further processing.

PROCESSING TIPS

NPIs FOR BILLING AND RENDERING PROVIDERS ARE REQUIRED.

SEND DOCUMENTATION ONLY IF REQUIRED to meet the criteria set forth in the Medi-Cal Dental Program Provider Handbook. Unnecessary attachments require additional handling and could needlessly delay processing.

IF YOU ARE SUBMITTING MORE THAN DOCUMENT on a given day for the same patient, make sure you affix the correct label, with the appropriate Denti-Cal Base DCN, to the related documentation.

EVEN THOUGH YOU MAY NOW HAVE THE ABILITY TO RESPOND TO NOAs AND RTDs ELECTRONICALLY, you may receive paper NOAs and RTDs for paper TAR/claim forms submitted prior to beginning EDI submission. They must be responded to by paper rather than electronically.

YOU CAN SPOT THE EDI CLAIMS ON YOUR EOBs when you know this tip: All EDI Document Control Numbers (Base DCNs) have an "8" as the seventh digit (example: 080671**8XXXX**). Note that the first five digits of a Base DCN indicate the Julian date that Denti-Cal initially received the document. (Using the same Base DCN **08067**18XXXX, 08 = 2008 and 067 = the sixty-seventh day of the year, or March 7).

IF YOU CHANGE SOFTWARE OR BEGIN USING A DIFFERENT CLEARINGHOUSE, contact EDI Support. A revised Option Selection Form may be needed to modify your EDI enrollment to prevent rejection of your documents. Find this form on the Denti-Cal Web site (www.denti-cal.ca.gov) under EDI located on the Providers tab.

ONCE YOU HAVE RECEIVED AN EDI NOA, submit the *entire* treatment plan for payment after all services have been completed using the Notice of Authorization (NOA) transmitted electronically to you by Denti-Cal.

SERVICES THAT MAY HAVE BEEN DENIED on an EDI claim should not be retransmitted electronically. Instead, submit them for reevaluation through the mail using a CIF. Services denied on an EDI NOA may be submitted for reevaluation by checking the section marked "Request for Reevaluation" and mailing it to Denti-Cal.

IF YOU REQUEST THAT AN EDI-GENERATED RTD OR NOA BE RE-ISSUED, submit only one copy to Denti-Cal to avoid duplicate submission, please.

EVC (ELIGIBILITY VERIFICATION CONFIRMATION) NUMBERS may be entered in the Comments section of an EDI document. Check with your vendor for information on placement. If submitting documentation digitally, the image reference number must precede all other information entered in the Comments section. (Refer to "Sending Digitized Images of Radiographs and Attachments" on page 7.)

REPORTS

EDI reports are made available to help you track your electronically submitted documents. They may also include your NOAs and RTDs. If you are not receiving your reports, check with your electronic vendor or clearinghouse (if applicable), or contact the EDI Support Department.

The following reports are available through Denti-Cal either directly or, if applicable, through your clearinghouse, depending on how your system is set up.

CP-O-973-P	Provider/Service Office Daily EDI Documents Received Today
CP-O-971-P	Provider/Service Office X-Ray/Attachment Request
CP-O-971-P2	X-Ray/Attachment Labels
CP-O-978-P	Provider/Service Office Daily EDI Documents Waiting Return Information > (greater than) 7 Days
CP-O-RTD-P	Notice of Resubmission (Resubmission Turnaround Document)
CP-O-NOA-P	Notice of Authorization
CP-O-959-P	Provider/Service Office Document Rejections

Explanation of Benefits (EOB) data may also be received electronically to print in your office and/or for application directly to your Accounts Receivable system, which may require modification by your practice management system vendor. If you receive EDI EOBs, you will continue to receive paper EOBs through the mail.

You will want to review your reports on a daily basis to confirm Denti-Cal's receipt of your EDI documents, to receive NOAs and RTDs, and to pinpoint any documents that may require follow-up. If you are not receiving reports, please contact the EDI Support Department.

If you submit through a clearinghouse, they may provide a separate report confirming receipt of your claims, which should match reports issued by Denti-Cal.

CP-O-973-P: Provider/Service Office Daily EDI Documents Received Today

This report lists all EDI documents received from a provider service office on the report date. This report serves as a cross-reference between Denti-Cal's Base Document Control Number (DCN) and the Provider Document Control Number (PDCN) which is the number that may be assigned by your system. The report is a confirmation of EDI documents received by Denti-Cal, and if your system is capable of responding to them electronically, NOAs and RTDs are also received by Denti-Cal.

```
 REPORT ID:     CP-O-973-P          DENTI-CAL                    RUN ON: 03/04/08
 PERIOD ENDING: 03/05/08       PROVIDER/SVC OFC                  PAGE:       1
 PROGRAM ID:    DCB973BS DAILY EDI DOCUMENTS RECEIVED TODAY



 PROV/SVC    PROVIDER            BASE         RECIPIENT    NAME       SSN/CIN/
 OR NPI    DCN                   DCN          LAST         FIRST      OR MEDS
---------- ------------------ ----------- ------------ ---------- ---------
0000000000 0000000000000000 00000000000 LAST           FIRST       000000000
 MEDI CAL NBR: 00000000000000   DOC TYPE: C   SUBMITTED FEE:  100.00
0000000000 0000000000000000 00000000000 LAST           FIRST       000000000
 MEDI CAL NBR: 00000000000000   DOC TYPE: T   SUBMITTED FEE:  300.00

     TOTAL PROV/SVC OFC DOCUMENTS :     2
```

NOTE: "DOC TYPE" (Document Type) is "C" for claims or "T" for TARs.

CP-O-971-P Provider/Service Office X-Ray/Attachment Request

This report identifies documents submitted electronically that require radiographs and/or attachments. By providing both the Denti-Cal Base Document Control Number (DCN) and the Provider Document Control Number (PDCN) assigned to each document, the report enables you to easily identify the documents associated with radiographs and/or attachments to be the mailed. Documents submitted with digitized images should not appear on this report.

The area labeled "SYS IND" (SYStem generated INDicator) will reflect three asterisks next to claims that have had a label generated automatically by Denti-Cal. The provider did not enter a "Y" in the x-ray or attachment field when entering the document, but the Denti-Cal system recognized that the submitted procedures require radiographs/attachments.

```
REPORT ID:     CP-O-971-P        DENTI-CAL                 RUN ON: 03/04/08
PERIOD ENDING: 03/05/08       PROVIDER/SVC OFC                PAGE:      1
PROGRAM ID:    DCB971BS    X-RAY/ATTACHMENT REQUEST


 PROV/SVC   BASE          PROV               RECIPIENT    NAME          SSN/CIN/
  OR NPI    DCN           DCN                LAST         FIRST         OR MEDS
---------- -----------  ------------------  ------------ ----------  ---------
0000000000 00000000000  0000000000          LAST         FIRST         000000000
MEDI CAL NBR: 000000000     SYS IND:   DOC TYPE: C SUBMIT AMOUNT:  1500.00
0000000000 00000000000  000000000000        LAST         FIRST         000000000
MEDI CAL NBR: 000000000     SYS IND:   DOC TYPE: C SUBMIT AMOUNT:   285.00
0000000000 00000000000  0000000             LAST         FIRST         000000000
MEDI CAL NBR: 000000000     SYS IND:   DOC TYPE: T SUBMIT AMOUNT:   300.00

** TOTAL X-RAY/ATTACHMENT REQUESTS FOR PROV/SVC OFC.:      3
```

If you use partially preprinted labels, handwrite the "**BASE DCN**" from the report shown above onto the EDI label, next to "DENTI-CAL DCN." (The Base DCN and the Denti-Cal DCN are the same number.)

The pink shaded area of the label is for Denti-Cal use only. When processing is completed, the portion above the perforation is removed and the lower section is used as a mailing label to return your radiographs if you have indicated you want them returned to your office.

```
DENTI-CAL PROVIDER ID:   XXXXXXXXXX
PATIENT MEDS ID:


PROV. DCN:


DENTI-CAL DCN: 00000000000


DCC: _____
PREVIOUS X-RAYS
AND/OR ATTACHMENTS: _____


           PROVIDER NAME
           ADDRESS
           CITY, CA  00000
```

If these same suspended documents are not matched to the required radiographs or attachments within seven days, they will appear on another report as a reference for you (see CP-O-978-P: "Provider/Service Office Daily EDI Documents Waiting Return Information > (greater than) 7 Days" on page 15).

CP-O-971-P2:   X-Ray/Attachment Labels

This report is the EDI label format used by offices whose systems enable them to print all patient-identifying information directly onto blank labels. Some clearinghouses also provide this report to offices that use partially preprinted labels to help identify documents that require EDI labels.

If all patient information can be printed directly onto blank labels, affix EDI labels to x-ray envelopes before mailing. Each label includes a perforated section with your provider name and address, and is used to return your radiographs to you.

```
REPORT ID:        CP-O-971-P2          X-RAY/ATTACHMENT LABELS          FOR: 03/05/08
PERIOD ENDING:    03/05/08



        XXXXXXXXXX                         XXXXXXXXXX                         XXXXXXXXXX
        000000000                         0000000000                          000000000
LAST, FIRST                        LAST, FIRST                        LAST, FIRST
    000000                             00000                              000

    00000000000                        00000000000                        00000000000



PROVIDER NAME                      PROVIDER NAME                      PROVIDER NAME
ADDRESS                            ADDRESS                            ADDRESS
CITY, CA  00000                    CITY, CA  00000                    CITY, CA  00000
```

Refer to "**EDI Labels**" starting on page 4.

We are unable to accept patient information that has been printed onto plain white paper in lieu of standard EDI labels.

CP-O-978-P: Provider/Service Office Daily EDI Documents Waiting Return Information > (greater than) 7 Days

This report lists all EDI documents that have been awaiting radiographs and/or attachments or responses to RTDs for more than seven days, sent as a follow-up to the original request (report CP-O-971-P shown on page 13) for reference purposes. This is a cumulative report showing the number of days that a claim or TAR remains in a suspended status until Denti-Cal receives the required information.

```
REPORT ID:     CP-O-978-P        DENTI-CAL              RUN ON: 03/04/08
PERIOD ENDING: 03/05/08     PROVIDER/SVC OFC                PAGE:      1
PROGRAM ID:   DCB978BS DAILY EDI DOCUMENTS WAITING RETURN INFORMATION > 7 DAYS




PROV/SVC    ISSUE    DAYS SSN/CIN/   MEDI-CAL       RECIPIENT     NAME    TYPE OF
 OR NPI     DATE     SNCE OR MEDS    NUMBER         LAST          FIRST   REQUEST
---------- -------- ---- --------- -------------- ------------ ------ ----------
0000000000 12/26/07   15 000000000 0000-000000000 LAST          FIRST   XRAY/ATTCH
PROV DCN: 000000000000-0000 BASE DCN: 00000000000 DOC TYPE: T SUB AMT:    380.00
0000000000 12/27/07   14 000000000 0000-00000000  LAST          FIRST/  ADDIT DOC
PROV DCN: 000000000000-0000 BASE DCN: 00000000000 DOC TYPE: T SUB AMT:    990.00
0000000000 12/27/07   14 000000000 0000-000000000 LAST          FIRST   X/RAY/ATTCH
PROV DCN: 000000000000-0000 BASE DCN: 00000000000 DOC TYPE: C SUB AMT:    162.00

    TOTAL PROV/SVC OFC DOCUMENTS :     3
```

IMPORTANT: In the "Type of Request" column

"XRAY/ATTCH" indicates EDI documents that have been "suspended" until Denti-Cal receives radiographs and/or attachments. (Note: An EDI label is required for each document. Be sure to include the Base DCN.)

"ADDIT DOC" indicates that Denti-Cal has issued an RTD to your office requesting specific information before processing can be completed. (Please do not submit EDI labels with RTDs.)

It is important to review this report each day to track your EDI documents. If the radiograph, attachment or response to an RTD is not received within 45 days, the document will be denied and will no longer appear on your report.   A denied claim will generate an Explanation of Benefits (EOB) and a denied TAR will generate a Notice of Authorization (NOA) with adjudication reason code 326 ("Procedures being denied on this document due to lack of response to RTD or, if applicable, failure to provide radiographs/attachments for this EDI document").

You may have recently mailed radiographs or an RTD for a document that continues to appear on this report. This usually means that your attachments are in transmit and have not yet been linked to the suspended document. Before submitting a second set of films or requesting a duplicate RTD, check with the Provider Services Telephone Service Center at (800) 423-0507 to determine if Denti-Cal has received your documentation.

CP-O-RTD-P: Notice of Resubmission
(Resubmission Turnaround Document)

This is a Resubmission Turnaround Document (RTD). Providers will receive this electronic report in lieu of hard copy (paper) RTDs unless they opt to receive these reports on paper through the mail. Electronic RTDs consist of report records that may be printed by a clearinghouse, billing intermediary or provider office. Once printed, the electronic RTDs should be completed like the current paper RTD form, signed and returned to Denti-Cal for processing.

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(CP-O-RTD-P)    NOTICE OF RESUBMISSION         03/06/08 01:42:40 PAGE  01 OF 01
BUSINESS NAME AND ADDRESS                               RTD ISSUE DATE: 03-05-08
SERVICE OFFICE/ FICTITIOUS NAME           0000000000   RTD DUE DATE: 04-19-08
PROVIDER NAME

ADDRESS                                      DOCUMENT TYPE: CLAIM
                                             BEGINNING DOS: 03-03-08
CITY            CA 00000-0000                PROVIDER DCN : 000000000000000
------------ PATIENT INFORMATION -------------------
                                                  AMOUNT
LAST NAME    FIRST NAME  MEDICAL ID NBR  DENTAL REC    BILLED     DCN
LAST         FIRST        000000000                    122.00   00000000000 0

             CLAIM
INFORMATION    FIELD    CLAIM SUBMITTED              PROCEDURE
BLOCK          NO.      LINE  INFORMATION            CODE
TOOTH-CODE     26        02   31                     D2140
         ERROR CD:  32  DESC: SUBMIT CURRENT X-RAY(S) SHOWING APICES OF TOOTH
         CORRECT INFORMATION: _____
TOOTH-CODE     26        02   31                     D2140
         ERROR CD:  31  DESC: SUBMIT CURRENT X-RAYS/PHOTOGRAPHS
         CORRECT INFORMATION: _____


X_____  _____
         SIGNATURE                  DATE

NOTE:  PLEASE CORRECT THE CLAIM/TAR/NOA.  RESUBMIT A COPY OF THIS FORM THRU THE
MAIL OR IF YOUR SYSTEM IS ABLE  TO RESPOND TO RTDS  ELECTRONICALLY,  RETRANSMIT
THE ENTIRE DOCUMENT.  MAIL ANY REQUIRED X-RAYS/ATTACHMENTS IN THE APPROPRIATELY
COLORED ENVELOPE, WRITING IN THE DOCUMENT CONTROL NUMBER (DCN).  PLEASE INCLUDE
THE DENTI-CAL ASSIGNED DCN ON ANY OTHER COMMUNICATIONS WITH DENTI-CAL.
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If radiographs or documentation are required, be sure to send them with the RTD. Please do not send with an EDI label, unless you are able to respond to RTDs electronically.

CP-O-NOA-P: Notice of Authorization

This is a Notice of Authorization (NOA). Providers will receive this electronic report in lieu of hard copy (paper) NOAs unless they opt to receive these reports on paper through the mail. Electronic NOAs consist of report records that may be printed by a clearinghouse, billing intermediary or provider office. Once printed, the electronic NOAs should be completed like the current hard copy NOA form, signed and returned to Denti-Cal for processing.

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(CP-O-NOA-P)      NOTICE OF AUTHORIZATION   03/06/08 23:47:07   PAGE 01 OF 01
DCN: 00000000000 0   AUTHORIZATION PERIOD FROM 03/06/08 TO 09/02/08

                                    RE-EVALUATION IS REQUESTED _ (X FOR YES)

PATIENT NAME(LAST,FIRST,MI)            SEX  BIRTHDATE  MEDI-CAL-ID NO
LAST          FIRST                     X   00/00/00   000000000
                              PATIENT DENTAL RECORD NO.  :
                              PROVIDER DOC CONTROL NUMBER: 00000000000000000
X-RAYS ATTACHED _ (X FOR YES) HOW MANY? __    ACCIDENT / INJURY _ (X FOR YES)
OTHER ATTACHMENTS  _ (X FOR YES)              EMPLOYMENT RELATED _ (X FOR YES)
OTHER DENTAL COVERAGE _ (X FOR YES)           CHDP            _ (X FOR YES)

BUSINESS NAME AND ADDRESS      0000000000
PROVIDER NAME                              BIC ISSUE DATE:_____

ADDRESS
                                           EVC #:_____
CITY            CA 00000-0000

TO SURF  LN DESCRIPTION-OF-SVC   DATE-PER QTY PROC   FEE    ALLOW  ADJ-C PROVID
15       01 ROOT CANAL-MOLAR     _____ 01 D3330 330.00  330.00       _____




DATE PROSTHESIS ORDERED : _____   TOTAL FEE CHARGED         330.00
PROSTHESIS LINE ITEM    : __ __ __ __    TOTAL ALLOWANCE           330.00
                                         PATIENT SHARE-OF-COST AMT.  _____
                                         OTHER COVERAGE AMT.         _____
COMMENTS:                                DATE BILLED                 _____
PAYMENT REQUEST MUST HAVE RENDERING PROV ID
** PLEASE NOTE:  THIS BENEFICIARY MAY ONLY BE ELIGIBLE
UNDER A PHP, MCP, GMC, HMO OR DMC WHICH INCLUDES DENTAL.
PLEASE VERIFY ELIGIBILITY PRIOR TO RENDERING SERVICES.

                             X_____ _____
                                    SIGNATURE              DATE

NOTE: PLEASE REFER TO THIS NBR (00000000000) ON ALL YOUR COMMUNICATIONS, WITH
       DENTI-CAL, INCLUDING ELECTRONIC TRANSACTIONS CONCERNING THIS DOCUMENT.
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If radiographs or documentation are required, be sure to send them with the NOA. Please do not send with an EDI label, unless you are able to respond to NOAs electronically.

CP-O-959-P Provider/Service Office Document Rejections

Identifies rejected EDI transactions and determines whether correction and resubmission are required.

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REPORT ID:     CP-O-959-P        DENTI-CAL              RUN ON: 03/06/08
PERIOD ENDING: 03/06/08       PROVIDER/SVC OFC             PAGE:      1
PROGRAM ID:    DCB969BS  ... DOCUMENT REJECTIONS ........


 PROV/SVC       PROVIDER      RECIPIENT  NAME    D  SSN/CIN              RSN
 OR NPI           DCN          LAST      FIRST   T  OR MEDS   BASE DCN    CD
---------- ------------------ ---------- -------- - --------- ----------- ---
0000000000 00000000000000000 LAST        FIRST    C XXXXX0000             G
0000000000 00000000000000000 LAST        FIRST    C XXXXX0000             G

    PROVIDER/SERVICE OFC TOTALS

      A - INVALID PROV/SVC OFC  :      0
      B - INVALID C/H           :      0
      C - INVALID PROV/CH       :      0
      D - BATCH REJECTED        :      0
      E - RECORD COUNTS MISMATCH :     0
      F - INVALID PROVIDER NAME :      0
      G - DUPLICATE DOCUMENTS   :      2
      H - SECOND NOA ISSUED     :      0
      I - INVALID RETURN DCN    :      0
      J - SUB/PROV/SITE MISMATCH :     0
      K - CLAIM OVER 90 LINES   :      0
      L - USE CIN OR BIC-NOT SSN :     0

      TOTAL  REJECTIONS        :      2
```

DESCRIPTION OF REJECTION CODES
See "RSN CD" (Reason Code)

A-INVALID PROV/SVC OFC: Invalid provider number was entered or provider is not enrolled to submit electronically to Denti-Cal.

B-INVALID C/H: The four-digit clearinghouse number entered is invalid. Verify correct number with vendor and/or clearinghouse.

C-INVALID PROV/CH: Provider/clearinghouse information entered is invalid. Verify correct provider/clearinghouse ID number with vendor.

D-BATCH REJECTED: Entire batch of claims rejected due to file information received. EDI Support Group to contact provider and/or vendor.

E-RECORD COUNT MISMATCH: Record count is invalid. EDI Support Group to contact provider and/or vendor.

F-INVALID PROVIDER NAME: Provider name does not match enrollment information. EDI Support Group to contact provider and/or vendor.

G-DUPLICATE DOCUMENTS: Claim was already submitted today.

H-SECOND NOA ISSUED: EDI Support Group to contact provider and/or vendor.

I-INVALID RETURN DCN: Claim was previously sent electronically on a different day than the date of this report and/or the Provider Document Control Number (PDCN) has been used previously.

J-SUB/PROV/SITE MISMATCH: Enrollment information and data being sent do not match. Verify submitter, provider and site ID numbers are correct and that enrollment information provided to Denti-Cal is correct.

K-CLAIM OVER 90 LINES: Claim submitted exceeds the maximum number of 90 claim lines. Split claim into two claims and resubmit electronically.

L-USE CIN OR BIC-NOT SSN: SSN cannot be submitted on a document. Resubmit with beneficiary's CIN or BIC.

MAILING ADDRESSES:

SEND EDI RADIOGRAPHS AND/OR ATTACHMENTS (IN RED-BORDERED ENVELOPES) TO:	Denti-Cal California Medi-Cal Dental Program EDI Processing P.O. Box 13860 Sacramento, CA 95853-4860
SEND RETURNING **PAPER** NOAS & RTDS (IN WHITE MAILING ENVELOPES) TO:	Denti-Cal California Medi-Cal Dental Program P.O. Box 15610 Sacramento, CA 95852-0610
SEND EDI ENROLLMENT MATERIALS AND MAIL TO EDI SUPPORT DEPARTMENT TO:	Delta Dental of California Attention: Denti-Cal EDI Support (C210) 11155 International Drive Rancho Cordova, CA 95670 or Send E-mail inquiries to denti-caledi@delta.org
SEND SUPPLY REQUEST FORMS TO: OR FAX TO: (877) 401-7534	EDI Supply Request 11155 International Dr. Rancho Cordova, CA 95670
SEND RADIOGRAPHS AND/OR ATTACHMENTS DIGITIALLY TO:	National Electronic Attachment (NEA) www.nea-fast.com or National Information Services (NIS) Call (800) 734-5561, select option #1 and option #1 www.nationalinfo.com

NEED HELP ??

If you have a question about EDI, call (916) 853-7373 and ask for EDI Support, or send an email to denti-caledi@delta.org.

If you have a question about a particular EDI claim, contact the Denti-Cal Telephone Service Center at (800) 423-0507.

NOTES

EDI SUPPLY REQUEST

To be used to reorder **Electronic Data Interchange Supplies**

For use in the
CALIFORNIA MEDI-CAL DENTAL PROGRAM

Billing Provider Name	National Provider Identifier (NPI)
Mailing Address	Telephone Number
City, State	Zip Code

DENTI-CAL
CALIFORNIA MEDI-CAL DENTAL PROGRAM

After completion, mail to: EDI Supply Request   -OR-   FAX TO: **(877) 401-7534**
11155 International Dr. MS C25
Rancho Cordova, CA 95670

EDI X-RAY ENVELOPES   (Order a supply of all three types)

Order Number	Description	Indicate Quantity
DC-014E	Large X-Ray Envelopes (for enclosing radiographs)	
DC-014F	Small X-Ray Envelopes (for enclosing radiographs)	
DC-006C	Large Mailing Envelopes (to mail multiple x-ray envelopes)	

EDI LABELS   (Order one type)

Order Number	Description	Check Quantity Desired		
DC-018A	3-up laser (12 labels per sheet):			
	A. Blank	☐ 25 sheets	☐ 50 sheets	☐ 100 sheets
	B. Partially preprinted (NPI, name & address will be imprinted)*	☐ 12 sheets	☐ 24 sheets	☐ 36 sheets
DC-018B	1-up continuous labels (4 labels per sheet)	☐ 500 sheets	☐ 1,000 sheets	☐ 2,500 sheets
DC-018C	3-up continuous labels (12 labels per sheet)	☐ 250 sheets	☐ 500 sheets	

*Note: If you use the services of a clearinghouse, order DC-018A laser labels in the partially preprinted format (B).

EDI Supply (Rev. 07/08)